

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**6158** **63-044225**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6158

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

E. Frank Ellis MEDICAL CERTIFICATION

|   |   |  |   |
|---|---|--|---|
| <b>FILED DEC - 2 1963</b><br>1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>14 YRS</u><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital Med. Ct.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission)<br>a. STATE <u>MISSOURI</u> COUNTY <u>JACKSON</u><br>c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <u>8th INDEPENDENCE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |
| 3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>LEROY</u> Last <u>Richardson</u>   |   | 4. DATE OF DEATH Month <u>November</u> Day <u>9</u> Year <u>1963</u>   |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>Negro</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH <u>12-18-1900</u>                                    |
| 9. AGE (last birthday) <u>62</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.   |   | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>   |   |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>MISC. JOBS</u>   |   | 11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MO.</u>   |   |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |   | 13a. FATHER'S NAME <u>FRANK RICHARDSON</u>   |   |
| 13b. MOTHER'S MAIDEN NAME <u>SUSIE WISEMAN</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>BERNICE RICHARDSON</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>   |   | 17. INFORMANT Address <u>9 Sam RICHARDSON, I.C., Mo</u>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of lung with secondary broncho-pneumonia</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |   |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | 20f. CITY, TOWN, OR LOCATION   | COUNTY STATE  |
| 21. I attended the deceased from <u>11-4-63</u> to <u>11-9-63</u> and last saw her/him alive on <u>11-9-63</u><br>Death occurred at <u>11:25 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |   |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title)   |   | 22b. ADDRESS <u>2400 Cherry</u>  | 22c. DATE SIGNED <u>11-11-63</u>                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   | 23b. DATE <u>11-14-63</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND</u>   | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>A.M. HUDSON, I.C., MO.</u>  |   | 25. DATE RECD. BY LOCAL REG. <u>11-12-63</u>   | 26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>                         |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_ Signed \_\_\_\_\_  
Signature of Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.